

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO**

<b>In re:</b>	)	<b>Case No.</b>
	)	
	)	<b>Chapter</b>
	)	
	)	<b>Judge</b>
<b>Debtors</b>	)	
	)	<b>PETITION FOR UNCLAIMED FUNDS</b>
	)	<b>AND ORDER THEREON<sup>1</sup></b>

\_\_\_\_\_, the Petitioner, under penalty of perjury, declares that the following statements and information are true and correct:

1. \_\_\_\_\_, the Claimant, was due to receive a distribution from the estate of the Debtor in the above-captioned case in the amount of \$\_\_\_\_\_.
2. The funds due Claimant were deposited with the Court by the Trustee pursuant to 11 U.S.C. § 347. A copy of the court order depositing the funds into the Treasury/Registry as unclaimed, or a copy of the receipt and attached list of parties entitled to the unclaimed funds, or other supporting documentation, is appended to this Petition.
3. If the current Claimant is not the original holder of the claim, a copy of the documentation of ownership is appended to this Petition. If applicable, this includes proof

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<sup>1</sup> For purposes of this Petition and the attached Exhibit A, the following terms apply:

- “Claimant” means either (a) a party in the above-captioned case who was due to receive a distribution of funds from the estate of the Debtor, but which funds were instead deposited as unclaimed funds with the Court by the Trustee, or; (b) a person or entity that gained the rights of ownership of the original owner’s claim.
- “Authorized Representative” means a person or entity given written authorization by the Claimant to file this Petition on behalf of the Claimant, or a person or entity serving as a duly authorized representative of the estate of a Claimant who is deceased. This includes but is not limited to an employee of the Claimant, a funds locator service, and an attorney-in-fact.
- “Petitioner” means either the Claimant or the Authorized Representative, or an attorney at law representing the Claimant or Authorized Representative.

of any sale of the company, new and prior owner(s), and a copy of the terms of any purchase agreement or stipulation by prior and new owners of right of ownership to the unclaimed fund. If the claim has been assigned, this includes copies of all documents evidencing assignment.

4. The Claimant's current name, address, and telephone number are:

Name:

Address:

Telephone Number:

5. The following checked statement applies:

☐ This Petition is being filed on paper, either by mail or in person. The Claimant's Tax ID/Social Security Number and other required documentation are being submitted separately with Exhibit A, and will be docketed by the Court as private docket events.

☐ This Petition is being filed electronically via the Court's Electronic Case Filing system. The Claimant's Tax ID/Social Security Number and other required documentation are being submitted separately as private docket events with Exhibit A.

6. The following checked statement applies:

☐ Petitioner is the Claimant.

☐ Petitioner is the Authorized Representative.

☐ Petitioner is an attorney at law representing the Claimant.

☐ Petitioner is an attorney at law representing the Authorized Representative.

☐ The above subparagraphs do not apply, but Petitioner is entitled to payment of such monies because (state basis for claim):

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7. Upon sufficient inquiry, and upon Petitioner's information and belief, this claim has not been previously paid, no other petitions or requests for payment are pending, and there are no other parties other than Claimant entitled to these funds.

8. Petitioner understands that pursuant to 18 U.S.C. § 152, a fine or imprisonment, or both, may be imposed if Petitioner has knowingly and fraudulently made any false statements in this document.
9. Petitioner has served a copy of the Petition for Unclaimed Funds and Order Thereon, Exhibit A, and all attached documents by regular U.S. Mail this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to the United States Attorney for the Northern District of Ohio, Carl B. Stokes United States Courthouse, 801 West Superior Avenue, Suite 400, Cleveland, Ohio 44113. The United States Attorney is allowed 10 days from the date of service to file an objection to payment of these funds.
10. WHEREFORE, pursuant to 11 U.S.C. § 347 and 28 U.S.C. § 2042, Petitioner requests that the Court issue an Order directing payment to the Claimant in the amount set forth in section 1, above, and that payment be forwarded to the Petitioner.

Respectfully submitted,

\_\_\_\_\_  
Petitioner's Signature (Bar Number if Attorney)

\_\_\_\_\_

\_\_\_\_\_  
Petitioner's Address

\_\_\_\_\_

Petitioner's Phone Number

IT IS SO ORDERED.

# # #

MONEY ORDER # 707209013

RECP # 144848

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

FILED

07 OCT 31 PM 3:58

U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO  
CLEVELAND

In re:

ACTION AUTO RENTAL, INC.

Debtor.

) Case No. 93-10409

) Chief Judge Randolph Baxter

) Chapter 11

**NOTICE OF TRANSMITTAL OF UNCLAIMED FUNDS**

Laurence V. Goddard, the Liquidation Trustee (the "Trustee") for the Action Auto Liquidation Trust (the "Trust"), successor-in-interest to Action Auto Rental, Inc. ("Action Auto" or the "Confirmed Debtor"), by and through his undersigned counsel, hereby provides notice of unclaimed funds, respectfully stating:

1. Laurence V. Goddard, Chapter 11 Trustee (the "Trustee") for the Action Auto Liquidation Trust (the "Trust"), successor-in-interest to Action Auto Rental, Inc. ("Action Auto" or the "Debtor") has fully administered this Estate.

2. Pursuant to the Court's *Amended Order Granting Chapter 11 Trustee's Motion for Authority to Make a Final Distribution in Respect of Remaining Claims Against the Estate* [Docket No. 236], the Trustee has submitted to the Clerk a summary of the Estate's Unclaimed Distributions, including a list that contains the names, addresses and amounts of the unclaimed funds, the name of the original claimant, and the reason the Trust's Final Distribution Check was not negotiated.

3. Further, pursuant to the Court's *Amended Order Granting Chapter 11 Trustee's Motion for Authority to Make a Final Distribution in Respect of Remaining Claims Against the Estate* [Docket No. 236], the Trustee has obtained, and delivered to the Clerk a bank check payable to the Clerk, U.S. Bankruptcy Court in the amount of \$232,027.07 comprising the total of the Estate's Unclaimed Distributions.

Dated: October 31, 2007  
Cleveland, Ohio



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*Counsel for the Trustee*

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**Final Claim Payment Report - Uncashed/Undeliverable**

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Bankruptcy Claim #: 1258 Claimant: Robinson, Helen  
Payee: Helen Robinson Address 1: ATTN:DEBRA BUTTRAM,CREDIT DEPT  
Address 2: P.O. BOX 111 Address 3:  
City: TAMPA State: FL Zip Code: 33601-0111  
Amount of check: \$122.85 Check #: 9095 Date of check: 2/28/2007  
Reason check was voided: Returned - invalid address

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Bankruptcy Claim #: 1269 Claimant: Lee, Paul A.  
Payee: Paul A. Lee Address 1: P.O. Box 19724  
Address 2: Address 3:  
City: Rochester State: NY Zip Code: 14619  
Amount of check: \$217.89 Check #: 9096 Date of check: 2/28/2007  
Reason check was voided: Check neither returned nor cashed

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Bankruptcy Claim #: 1282 Claimant: Patterson Safety Service  
Payee: Harold Patterson d/b/a Petterson Safety Service Address 1: 3300 OGDEN AVE  
Address 2: Address 3:  
City: LISLE State: IL Zip Code: 60532  
Amount of check: \$30.3 Check #: 9102 Date of check: 2/28/2007  
Reason check was voided: Returned - invalid address

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Bankruptcy Claim #: 1287 Claimant: Atlantic Employers Insurance Co.  
Payee: ATLANTIC EMPLOYERS INS. CO. Address 1: C/O UHLINGER & KEIS  
Address 2: 75 PUBLIC SQUARE, SUITE 800 Address 3:  
City: CLEVELAND State: OH Zip Code: 44113  
Amount of check: \$1329.54 Check #: 9104 Date of check: 2/28/2007  
Reason check was voided:

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Bankruptcy Claim #: 1297 Claimant: Windsor Insurance a/s/o Rosalee Dupree  
Payee: WINDSOR INSURANCE AND Address 1: J STEPHEN MANKO, ESQ.  
Address 2: 332 LAWRENCE STREET Address 3:  
City: MARIETTA State: GA Zip Code: 30060  
Amount of check: \$1418.18 Check #: 9105 Date of check: 2/28/2007  
Reason check was voided: Returned - invalid address

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Bankruptcy Claim #: 1303 Claimant: Metzger, Jane  
Payee: Jane Metzger Address 1: 517 DORIAN COURT  
Address 2: Address 3:  
City: WESTFIELD State: NJ Zip Code: 07090  
Amount of check: \$3545.44 Check #: 9106 Date of check: 2/28/2007  
Reason check was voided: Returned - invalid address

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Bankruptcy Claim #: 1304 Claimant: Edelstein, Evelyn  
Payee: EVELYN EDELSTEIN CRAWFORD Address 1: 363 TOWN PLACE CIRCLE  
Address 2: Address 3:  
City: BUFFALO GROVE State: IL Zip Code: 60089  
Amount of check: \$8863.6 Check #: 9107 Date of check: 2/28/2007  
Reason check was voided: Returned - invalid address

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